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APPLICANTS

Silviu-Petru Cucerzan, Redmond, WA;
 Eric D. Brill, Redmond, WA;

** CONTINUING DATA ***** No W.T.

** FOREIGN APPLICATIONS ***** No W.T.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 10	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>W.T.</i> Initials <i>WT</i>				

ADDRESS

27195

TITLE

SYSTEMS AND METHODS FOR IMPROVED SPELL CHECKING

FILING FEE RECEIVED 1252	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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